



## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>01/01/2014</u> To: <u>07/20/2014</u> Mo Day Year Mo Day Year	
1. Committee I.D. Number <u>150313-0</u>	4. Candidate Last Name <u>Joseph Rivet</u> First Name <u>Joseph</u> M.I. <u>Rivet</u> Committee to Elect Joseph Rivet 4a. Office Sought Including District # or Community Served (If applicable) <u>To Be Determined DRAIN COMMISSIONER</u> 4b. County of Residence <u>Bay</u> Driver License # (Optional) _____
5. Committee's Mailing Address <u>2600 Center</u> <u>Bay City</u> MI <u>48708</u> Area Code and Phone <u>(989) 671-2153</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Name & Residential Address <u>JOSEPH RIVET</u> <u>2600 CENTER AVE</u> <u>BAY CITY MI 48708</u> Area code & Phone <u>1 989.671.2153</u> Driver License # (Optional) _____
7. Treasurer's Business Address <u>JOSEPH RIVET</u> <u>515 CENTER AVE</u> <u>BAY CITY, MI 48708</u> Area Code and Phone <u>989.895.4290</u>	8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) Area Code and Phone _____ Driver License # (Optional) _____
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____ Month Day Year 9c. <input checked="" type="checkbox"/> Annual Statement ( <u>2014</u> Coverage Year) ( <u>PART</u> ) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ Mon Day Year By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.	
10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Recordkeeper <u>JOSEPH RIVET</u> Signature <u>[Signature]</u> Date <u>9 5 14</u> Type or Print Name Signature Mo Day Year Candidate <u>Committee to Elect Joseph Rivet</u> Signature <u>[Signature]</u> Date <u>9 5 14</u> Type or Print Name Signature Mo Day Year	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>2775.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>2775.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>400.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>400.00</u>	(23.) \$ <u>2445.50</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>775.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1415.23</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>0.00</u>	
	(15.) = <u>1415.23</u>	
15. SUBTOTAL Add Lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>400.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1015.23</u> *	

NOTE: Direct contributions, in-Kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.  
All required schedules must be included with this statement. If your ending balance is negative, please check your math.



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
<b>Expenditure # 1</b> Name: Pinconning Chamber of Commerce Address: 200 N. Mable St Pinconning MI 48650 <input type="checkbox"/> Fund Raiser	Purpose: <u>Annual Dinner</u> Expenditure Code <u>TP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/25/2014	25.00
<b>Expenditure # 2</b> Name: St. Patricks Parade Assoc. Address: P.O. Box 122 Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Program Adv.</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/01/2014	35.00
<b>Expenditure # 3</b> Name: Friends of Joan Brausch Address: P.O. Box 2412 Midland MI 48641 <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundrasier Ticket</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/16/2014	100.00
<b>Expenditure # 4</b> Name: Bay County Democratic Party Address: 4538 Greenfield Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/21/2014	100.00
<b>Expenditure # 5</b> Name: Mindykoski for Senate Address: 804 S. Arbor Bay City MI <input type="checkbox"/> Fund Raiser	Purpose: <u>Ticket for Fundraiser</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2014	50.00
Subtotal this page			310.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 6 Name: Bay County Democratic Party Address: 4538 Greenfield Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Contribution</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/28/2014	50.00
Expenditure # 7 Name: Bay County Democratic Party Address: 4538 Greenfield Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/06/2014	40.00

Subtotal this page

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

90.00

400.00

Enter this total  
on line 8a of  
Summary Page



1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee.)

Enter this total  
on line 12a  
"owed by" or  
line 12b "owed  
to" of the  
Summary Page